

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046397

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 108

STATE FILE NUMBER

FILED DEC 18 1962

1. PLACE OF DEATH

a. COUNTY

Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SalemLength of stay in lb
2 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Missouri HotelInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Dent

c. CITY OR TOWN Salem

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
Missouri HotelReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

RUDOLPH

Middle

HARVEY

Last

KESSLER

4. DATE OF DEATH

Month

Day

Year

Decemehr 5 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/29/93

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Electrical Engineer10b. KIND OF BUSINESS OR INDUSTRY
Construction11. BIRTHPLACE (City and state or country)
Salem, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William R. Kessler

13b. MOTHER'S MAIDEN NAME

Elizabeth McSpadden

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
No

16. SOCIAL SECURITY NO.

4

17. INFORMANT

Address

Mrs. C.A. Rogers, Little Rock, Ark

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-17-62 to 8-28-62 and last saw her him alive on 8-28-62
Death occurred at 11:40 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Inscribed or title)

22b. ADDRESS

Salem, Mo.

22c. DATE SIGNED

12-7-62

23a. MANNER OF REMOVAL (Specify)

Removal

23b. DATE

12/8/62

23c. NAME OF CEMETERY OR CREMATORY

Local Cemetery

23d. LOCATION (City, town, or county)

Gulfport, Mississippi

(State)

24. FUNERAL DIRECTOR

ADDRESS

May L. Wargo Salem, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 7, 1962

26. REGISTRAR'S SIGNATURE

M.M. Hitt, MD by DM

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

10331

20331

3

4 6

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9 4201

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11

12 90-0

13 1-0

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Falen, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.